

Administration of Oral Prescription Medication Procedure

RATIONALE:

Hamilton-Wentworth District School Board is committed to ensuring the provision of plans, programs, and/or services that will enable students with health or medical needs to attend and participate in school.

All health support services must be administered in a manner that respects, to the degree possible in the circumstances, the student's right to privacy, dignity, and cultural sensitivity.

Wherever possible, oral prescription medication that may be required by students will be administered by parents/guardians (or by a member of the medical profession) outside of school or school-related activities. However, where it is medically necessary for students to take oral prescription medication while in attendance at school or school-related activities (and such medication has been prescribed by a physician for use during school hours), parents/guardians, the medical profession and the individual schools will work together to facilitate the safe use and administration of such medication. The administration of such medication is subject, however, to there being, in each case, sufficient resources within the school to permit the safe use and administration of the oral prescription medication.

TERMINOLOGY:

Oral Prescription Medication: For the purposes of this procedure, oral prescription medication is defined as medicine to be taken orally as a result of a prescription given by a properly authorized physician, or health care professional authorized to prescribe medication, and which is prescribed to a student for a specified period of time.

Asthma Inhalers: Asthma inhalers are to be considered oral prescription medication, and as such all the procedures outlined in this policy will apply. However, where written notification from a health care professional has been received stating that the student has been taught and is capable of self-administering their inhaler, then the student shall be allowed to do so and further documentation is not required. The written notification of the student's ability to self-administer the inhaler must be kept on file in the school's medication tracking book.

Other Medications: Other medications are over-the-counter medication, such as cough syrup, cough drops and pain relievers. These should not be brought to school by students of elementary school age, or stored at school, as some students may have adverse reactions to improper usage and other students may inadvertently obtain these medications. Elementary schools should inform parents that children who are ill with short-term illnesses (e.g. colds, influenza, etc.) who need oral non-prescription medication during school hours should be cared for at home.

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PROCEDURES:

1.0 Responsibility

- 1.1 Parents/guardians and the medical profession have primary responsibility for the management of the medical condition(s) of students and for the safeguarding of their medications.
- 1.2 It is the expectation of Hamilton-Wentworth District School Board that oral prescription medications generally will be administered by parents/guardians or the medical profession to students outside of school or school-related activities and that such medications, therefore, generally will not be brought to school or school-related activities.
- 1.3 It is the expectation of Hamilton-Wentworth District School Board that students who are ill with short-term illnesses (e.g. colds, influenza, etc.) and in need of medication during school hours will be cared for at home.
- 1.4 Hamilton-Wentworth District School Board recognizes that in some limited circumstances, it may be medically necessary for oral prescription medication to be administered to a student during school or school-related activities.
- 1.5 In circumstances where the administration of oral medication during school or school-related activities has been prescribed by a medical professional, Hamilton-Wentworth District School Board expects that the parent/guardian and the medical profession will work with the individual school to ensure appropriate measures are in place to facilitate the safe and proper use and administration of the medication.
- 1.6 Employees of Hamilton-Wentworth District School Board who administer oral prescription medication to students will do so in accordance with the protocols and procedures in place in the school. The Board has in place liability insurance which covers employees who in the performance of the duties and responsibilities of their jobs administer oral prescription medication to students.

2.0 Process

- 2.1 The administration of oral prescription medication to students by employees of Hamilton-Wentworth District School Board will be permitted only if:
 - 2.1.1 Such medication has been prescribed by a physician or medical professional with the authority to prescribe medication, to be administered during school hours.

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- 2.1.2 A medical professional has completed and signed the “Authorization for Administration of Oral Prescription Medication” form, Part 1, which includes the student’s name, name of the medication, dosage required, time and directions to administer the medication.
- 2.1.3 The parent/guardian has completed and signed the “Authorization for Administration of Oral Prescription Medication” form, Part 2, thereby requesting and authorizing the administration of such medication.
- 2.1.4 The medication is provided in its original pharmaceutical container bearing the physician’s name, pharmacy label, directions for administering, date and the student’s name.
- 2.1.5 There are sufficient and appropriate resources available within the school to permit the safe use and administration of the oral prescription medication.
- 2.1.6 The school principal has signed the “Authorization for Administration of Oral Prescription Medication” form, Part 3, thereby indicating that the administration of the oral prescription medication to the student by an employee of Hamilton-Wentworth District School Board is permitted in accordance with the procedure established by the school.
- 2.2 Once the above steps have been completed and it has been determined that oral prescription medication will be administered by an employee of Hamilton-Wentworth District School Board, the school must develop procedures for the administration of the medication. Procedures will include:
 - 2.2.1 Identifying staff member(s) who will be designated as the employee(s) who will administer the medication (such employees are hereinafter referred to as “designated staff member(s)”).
 - 2.2.2 Making such designated staff member(s) aware of the administration procedures.
 - 2.2.3 Identifying a locked central location to store the medication.
 - 2.2.4 Establishing a tracking book to house the “Authorization for Administration of Oral Prescription Medication” form and the “Medication Administration Record” form.
 - 2.2.5 Tracking notes which include the name of the medication, the dosage required, date, time, and the name of the designated staff member(s) who will administer the medication and initial every time the medication is administered.

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3.0 Principal

3.1 The principal shall be responsible for ensuring that:

3.1.1 Staff member(s) are designated to administer the oral prescription medication in accordance with the school's procedures, collective agreements and this policy.

3.1.2 Ensure a plan is established that accounts for the absence of the designated staff member(s).

3.1.3 An up-to-date and duly completed "Authorization for Administration of Oral Prescription Medication" form and the "Medication Administration Record" form are on file in the tracking book.

3.1.4 Proper tracking notes are kept and that the tracking book is otherwise properly stored, maintained and organized.

3.1.5 Appropriately dispose of "Medication Administration Record" forms after August 31st of each school year and ensure "Authorization for Administration of Oral Prescription Medication" is filed in the student's OSR.

3.1.6 The student understands the process of reporting to the designated location at the appropriate time to receive medication.

3.1.7 Appropriate procedures are established in the school for the notification of the parent/guardian or emergency contact should the student have an adverse reaction to the medication.

3.1.8 The parent/guardian or emergency contact is notified as soon as possible should there not be sufficient resources available on any given day, such as the unexpected absence of designated staff member(s), to ensure the safe use and administration of such oral prescription medication.

4.0 Student

4.1 The student shall, wherever possible and contingent on his/her physical and developmental capabilities:

4.1.1 Report to the location in the school for the administration of the oral prescription medication at the appropriate time.

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4.1.2 Advise the principal or the designated staff member(s) of any concerns he/she may have.

5.0 Designated Staff Member

5.1 The designated staff member(s) shall be responsible for:

5.1.1 Administering the medication as indicated on the "Authorization for Administration of Oral Prescription Medication" form.

5.1.2 Administering the medication in a respectful and confidential manner.

5.1.3 Properly completing the "Medication Administration Record" form, every time the medication is administered to a student.

5.1.4 Ensuring the tracking book containing the "Authorization for Administration of Oral Prescription Medication" form and "Medication Administration Record" form is kept up to date and organized.

5.1.5 Communicating relevant information to any person who may supervise students requiring medication.

5.1.6 Immediately reporting to the Principal and the student's teacher any concerns the designated staff member(s) may have concerning adverse reactions by the student to the medication or other concerns pertaining to the administration of the medication.

6.0 Parent/Guardian

6.1 The parent/guardian shall be responsible for:

6.1.1 Providing to the school an "Authorization for Administration of Oral Prescription Medication" form, Part 1, duly completed and signed by the medical professional.

6.1.2 Duly completing and signing Part 2 of the "Authorization for Administration of Oral Prescription Medication" form, and providing same to the school.

6.1.3 Providing the original prescription container, clearly labeled, bearing the physician's name, pharmacy label, directions for administering, date and the student's name.

6.1.4 Providing the school with emergency contact information should the student have an adverse reaction to the medication.

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- 6.1.5 Ensuring the medication supply is kept up-to-date.
- 6.1.6 Providing whatever information and assistance to the school and designated staff member that may be requested.
- 6.1.7 Teaching their child the procedures for the administration of oral prescription medication at the school, including identifying the designated staff member(s) responsible for administering the medication and identifying the location to which the student should report for administration of the medication.
- 6.1.8 Communicating clearly to the student's teacher, the principal and/or designated staff member(s) in regard to any concerns regarding the administration of the medication.
- 6.1.9 Removing the medication from the school at the end of the school year (medication that is not removed will be taken by the school to a pharmacy for disposal).



Hamilton-Wentworth District School Board

AUTHORIZATION FOR ADMINISTRATION OF ORAL PRESCRIPTION MEDICATION

**A new form must be completed at the beginning of each school year, or when the medication changes.
This form is to be retained until the end of the school year.**

Student's Name:	School:	Class:	Room:
Date of Birth:	Home Phone:	Business Phone:	
Emergency Contact Name and Relationship to Student:	Emergency Phone:		

Note: The administration of oral prescription medication during school or related activities on any day is subject to the school having sufficient and appropriate resources available that day for the safe use and administration of such oral prescription medication.

PART 1: To be completed by Attending Physician

This is to advise that I have prescribed the administration of the following oral medication which must be taken during school hours.

Name of Medication:	Method of Administration:
Dosage:	Time(s)
How long is the child likely to need this medication?	
Possible hazards or side effects:	
Action to be taken should a reaction develop:	
Additional information if applicable (i.e. storage of meds, other allergies):	
Physician's Name (Print):	Address & Phone:
Physician's Signature:	
Date:	

PART 2: To be completed by Parent/Guardian

- **I understand that I am responsible to provide the medication in its original prescription container supplied by the pharmacist, which is properly labeled indicating the student's name and administration directions.**
- **I request and authorize the principal or designated staff member to administer the medication according to the Physician's directions.**
- **I understand it is my responsibility to ensure the school has a supply of medication on hand at any given time, and to remove the medication at the end of the school year.**

Signature of Parent/Guardian:	Date:
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PART 3: To be completed by Principal

Staff member designated to supervise/administer medication:	Alternate:
Location of medication in the school:	
Signature of Principal:	Date:

The "Medication Administration Record" form must be run on the backside of this page.

